Adoption Certification Workgroup
Draft Transcript
May 24, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you, operator. Good afternoon, everybody, and welcome to the Certification Adoption Workgroup. This is a federal advisory call, so there will be opportunity at the end of the call for the public to make comments. And just a reminder: Workgroup members, please identify yourselves when speaking, since we are providing a transcript of this call.

Quick roll call: Paul Egerman?

Paul Egerman – Software Entrepreneur
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Marc Probst?

Marc Probst – Intermountain Healthcare – CIO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Adam Clark?

Adam Clark – FasterCures – Director, Scientific & Federal Affairs
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Charles Kennedy? Scott White?

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Latanya Sweeney? [Electronic noise] Steve Downs could not make it. Joe Heyman?

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Carl Dvorak? George Hripcsak? Joan Ash?

Joan Ash – Oregon Health & Science University – Associate Professor
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Don Rucker?

Don Rucker – Siemens Medical Solutions – CMO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Bill Munier?

William Munier – AHRQ/HHS – Director CQIPS
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Martin Rice? Chris Brancato?

Chris Brancato – Deloitte – Manager, Health Information Technology
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Did I leave anybody off? All right, with that, I'll turn it over to—I think Larry Wolf is leading this call.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
OK, so welcome, everybody. So the primary thing we're going to do today is talk about the hearing and what we'd like to provide to the full committee at ONC as a summary of the hearing and any thoughts or guidance we might offer them. The sense I have so far is that we don't know enough to be making any strong recommendations, but we might know enough to make some kind of general guidance back to the committee at ONC.

We also have some parallel work that the Standards Committee Implementation Workgroup is doing. They've put on the ONC FACA blog—is on the FACA blog—a request for feedback on how the certification process is going. And so, it's very much in our area of interest as well. Our plan is to coordinate with them as the blog comment period closes, but we might want to talk more generally among ourselves toward the end of this call about coordinating with them.

I think those were the two major areas for us for today. And maybe then a quick footnote that coming up on June 7 (I think I have the date right), Tuesday in 2 weeks, is going to be a 1-day workshop that NIST is running on usability for the EHR vendors. And I'm planning to be there, and hopefully that will be a good discussion about continuing this kind of a more hands-on, nuts-and-bolt level.

Anything else we should be covering today? [Pause] Great. So we've got a set of slides from the last committee meeting. Any sense from the various members on what's there? Anything you've heard since the meeting or feedback during the meeting? Things we should be acting on that probably should be included in what we reported on?

Marc Probst – Intermountain Healthcare – CIO
Hey, Larry, this is Marc. Any guidance on where ONC would like to see this go?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
That's a good question. I don't have any specific guidance from where ONC would like this to go other than Farzad's comments at the hearing.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yeah, and I know Chuck Friedman might have some thoughts on it. I don't know whether—I know he's not on the call, but is anybody from his office on the line? [Pause] I guess not, but I can always make inquiries to Dr. Friedman.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
That'd be helpful. Thanks

Paul Egerman – Software Entrepreneur
This is Paul. It might be an area that, in our letter, we could make some comments about, though. I mean, there's an issue about where ONC would like it to go, but there's also an issue as to where we think ONC should take this issue. And so, I think that would be a reasonable thing for us to make some comments on it if we have any ideas on that subject or have any consensus on it. For example, we might say, "Well, maybe there's an intersection between usability and safety that would be an appropriate issue for ONC to consider."

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So, Paul, I like that suggestion, both in the general and the specific.

Paul Egerman – Software Entrepreneur
Yeah, and it's specific as an example.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
I understand.

Marc Probst – Intermountain Healthcare – CIO
Yeah, I agree.

Paul Egerman – Software Entrepreneur
Yeah, but you could also look at some of these things that Farzad said, which is to improve transparency on usability. It's a good thing to say; there's certainly no one I think would disagree with that, but the question was, "How does that happen?" What would ONC do on some of these issues? So if we have any thoughts, I think those would be reasonable to—some of the recommendations that are just—these are just comments that we could make.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, maybe we should begin with his bullet points and see if we do have specific things and if it stirs up other comments from the committee members in addition to your comment on safety, and we probably should go back to that one as well.

So, "improving transparency and usability": Any thoughts on what that might mean or what we heard that would—we could provide some guidance back on that?

Marc Probst – Intermountain Healthcare – CIO
Larry, Marc again: It just seems like a really broad category: "improving transparency and usability." In fact, "usability" is what we're trying to define here, aren't we? To some degree?

Don Rucker – Siemens Medical Solutions – CMO
Transparency of what? I'm not quite clear what that means.

Marc Probst – Intermountain Healthcare – CIO
Me neither [laugh].

William Munier – AHRQ/HHS – Director CQIPS
It's a currently popular term.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
[Laugh] My guess is, it was to address areas in which people are less than fully forthcoming for a variety of reasons. So it might be everything from restrictions on people sharing screenshots of what an application is doing, any feedback from any usability testing that's happened—I'm hearing those as two specific touch points that came up during the day of hearings.

Marc Probst – Intermountain Healthcare – CIO
As I look at some of the categories, I certainly—this is Marc again; sorry. Paul had a point, which is if—you might be able to get definitive in, and that's more around safety. As you look through the blogs, there were a lot from—the richness of data—seem to come from—at least ones I was reading—there were a lot of transcriptionist-type folks on there, commenting on it. But can we get up with categories of usability and then—or maybe recommend some categories and then drill in on those?

Joan Ash – Oregon Health & Science University – Associate Professor
I think it might be—oh, this is Joan. It might be useful for someone to define "usability," whether it's us or whether we recommend that someone do that so that there's a shared understanding of what we're talking about.

Paul Egerman – Software Entrepreneur
This is Paul. I think that's a great comment. I actually made that comment at the policy committee meeting: that there wasn't a clear definition of "usability." And then I think a member of the public read something from—I forget where they read it from. It had a very general description of "usability" from [indiscernible with interruption] standard. It was sort of like "If the user likes it"—was my sense. I don't know [indiscernible]. You were there, Marc and Larry. It was either—

Marc Probst – Intermountain Healthcare – CIO
Yeah, I just read an ISO definition on "usability." You're correct that somebody read it.

Joan Ash – Oregon Health & Science University – Associate Professor
[Indiscernible] NIST, wasn't it?

Paul Egerman – Software Entrepreneur
Pardon me?

Joan Ash – Oregon Health & Science University – Associate Professor
Wasn't it the fellow from NIST?

Paul Egerman – Software Entrepreneur
Yeah, somebody from NIST had an ISO definition. But I have to tell you: My impression was a pretty broad definition. It felt more like a dictionary to me, but maybe I'm—sure somebody's going to correct me on that, but that's not correct for that. So I think Joan's comment is a really important one: that somehow in our letter, we should say that there hasn't been a good definition of what we mean by this term "usability," and people are using it for a number of purposes. And perhaps something has to be done: either definition or—we suggest a definition or something.

Joan Ash – Oregon Health & Science University – Associate Professor
Well, one of the things we could comment on is that it seemed like each of the panels had a different definition, but it was a background definition no one made clear.

William Munier – AHRQ/HHS – Director CQIPS
It's one of those things where everybody knows what it means at sort of a vague level, but when you try to get specific, it's illucid.

Marc Probst – Intermountain Healthcare – CIO
[Indiscernible] fact as a part of our comments back.

Paul Egerman – Software Entrepreneur
But it's really an important observation, though, because, I mean, I look at what the vendors were saying; they were talking about usability from the standpoint of the experience a single user had in looking at a screen. So they were looking at it in terms of clicks and how the screens were. But some of the providers were looking at it as the overall utility of the system, so they would include information exchange and

whether or not the data that they needed was readily available to them, even though that really wasn't what the vendors would think is usability. They view that as sort of a different definition. I don't know if that's what you're getting at, Joan, but that's…

Joan Ash – Oregon Health & Science University – Associate Professor
That's exactly it. In a way, I think the vendors had the narrow definition some of the academics did: that usability is the clicks and what the screen looks like. And everyone else seemed to be thinking of it more as usefulness.

Paul Egerman – Software Entrepreneur
Yes, it's sort of like usefulness or suitability in their workflow.

Joan Ash – Oregon Health & Science University – Associate Professor
Right.

Don Rucker – Siemens Medical Solutions – CMO
It's Don Rucker. I think there are actually a couple different vendor views on it there, so I'm not sure. I think we're sort of more on that screen as art, and then there were others as screen as suitability to a task. I remember a comment that Carl made about—I think it was Carl—on—sometimes you actually want to slow people down. The customer's the end—the hospital even, if you're about to prescribe something dangerous or do something untoward. Certainly as we look at what metrics might be, tying metrics to subcomponents of definition, I think, would be a good thing to put into the letter, because each of the different parameters or aspects or actions of usability would potentially have radically different tools to evaluate it.

Paul Egerman – Software Entrepreneur
So the question, then, is just "How do we approach this?"

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Hey, guys, it's Scott. I think at some point, we're going to have to stop playing ping-pong with this position—this issue. And it seemed to me that the providers were looking through the vendors to be supportive, and the vendors were being dictatorial, if you will. And I think at some point, we may—and it may be early in the discussion, but we may have to choose a side on this and say that, for lack of a better way of saying it, the vendors are to provide the service to the providers, and that's where our focus should be—is to what the providers define as usability.

William Munier – AHRQ/HHS – Director CQIPS
Yeah, I think, obviously, usability should be with respect to the user, which is the providers in this case. Hopefully the vendors can share some insight because of their dealings with multiple providers, but they have, in some cases, potentially a somewhat different interest as well. But I would think usability clearly means the usability by the end user.

Marc Probst – Intermountain Healthcare – CIO
And my sense is that it really encompasses—the end user is looking at, at least, those two ends of the discussion. They're both "What do I see on the screen, and can I make sense of it, and how many clicks does it take me to do something, and how's it fit into what that thing is I'm trying to do?" in an organizationally—maybe even a bigger sense of "Is it meeting our overall goals to accomplish something?"

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Well, this is Joe, and I want to say that it isn't only the vendors who dictate whether something is usable or not. Part of it is [indiscernible] and its compatriots now. Part of it is CMS. I don't know if you've seen that article in the *New England Journal* by Berenson and Basch about the requirements for E&M codes, but one of the reasons that they point out that you see so much—I don't want to use the word "garbage," but so much repetitive language that isn't really necessary to look at for figuring out what's going on with the patient is because the E&M coding in order to get paid requires a whole lot of verbiage that is not

really useful when somebody is seeing a patient. So I think that those things affect usability as much as the vendors do, or at least to—maybe if not as much, they make it a lot harder for the vendor to provide what the person actually needs, because there are all kinds of requirements from third parties rather than the user.

Paul Egerman – Software Entrepreneur
Excellent point.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
I've heard specific comments about smoking status information that's required now, as an example.

Paul Egerman – Software Entrepreneur
Well, that's right; there's the smoking status. And even in the most recent policy committee meeting, there was a discussion about alerts, and then somebody said, "Well, maybe if you override an alert, you should explain the reason why you overrode it," and I put up my hand, so that might cause a lot of people just to get frustrated.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
[Laugh] Well, even the idea of having to prove that you had to think of a problem, even if you didn't have one—that you have to prove that you thought of it—that certainly doesn't help usability.

Paul Egerman – Software Entrepreneur
There's a couple of what I call fundamental topics, and one topic is, "What is usability?" There's a second topic; I call it just "user frustration." There's a lot of people who are very frustrated with these systems. And your suggestion, Joe, which was in some of the discussion in the panel also, is this—the frustrations are not just with how the systems work. There are some external things that are causing the frustrations, in terms of things people are being forced to do for payment or for—to apply with meaningful use. It's not necessarily being well communicated what the reasons are.

Marc Probst – Intermountain Healthcare – CIO
Paul, those are great points. Another one—or a question that's just come up as I've been listening to you all: Is there any use for standards around usability, and can we address that at all? That seemed to be, I think, a kind of a hot point in the conversations. But what would we recommend even looking at relative to standards around usability? It's a topic you might want to get on the table.

William Munier – AHRQ/HHS – Director CQIPS
In a way, that sort of is the crux of the whole thing, isn't it? And yet I think it's a very difficult thing to do. But really, in a way, it's "Why have the hearing and why talk about all this stuff if you can't come up with some kind of standards or guidelines that address the issue?"

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Right.

Joan Ash – Oregon Health & Science University – Associate Professor
Well, do we know what the NIST role is? Because what is our role versus their role in considering usability? I mean, they would be the standards folks, wouldn't they?

William Munier – AHRQ/HHS – Director CQIPS
I don't think necessarily.

Marc Probst – Intermountain Healthcare – CIO
I think we could recommend [indiscernible] for sure.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, and I guess I'm hearing, even in these last few exchanges, a multiplicity of topics that we're actually covering. So standards might be everything from "When you represent a number, what do you do around

the decimal point? If it's a fraction, does it have a leading zero or doesn't it? Does it have trailing zeroes which are technically meaningless but might be confusing or helpful to users based on standard conventions? Do we have icons that are like stop signs that—have a very small number of them that mean some very specific things?" So those kinds of standards are addressing very particular aspects of usability, but there are whole other areas of usability around cognitive load and "How many screens do I have to flip through to find the three pieces of information that I actually need to think about together to make a decision?"

Chris Brancato – Deloitte – Manager, Health Information Technology
Hello, this is Chris Brancato. Can I offer a couple thoughts on this, having been around "usability" for a while? The first one is, there's a general definition of "usability" where you consider utility being what is the functionality that I would need to use this in the setting that it was designed for. The second part is, the usability is the science of how easily can I use the application to complete those tasks using that functionality.

So there's another concept here that I would ask that you consider, and there's a difference between usability and usable design. And that is where you're specifying functional requirements, possibly standards based, for the applications to adhere to or conform to that is based on some clinical guideline or best practice. So that's essentially what we just talked about, right? Did any of that help?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I guess what I'm hearing us doing is, we're sort of walking around the landscape of, broadly or narrowly, what is usability and are there some key things that we can say about it based on what we've heard.

Paul Egerman – Software Entrepreneur
Yeah, and—this is Paul—one way to do this—again, to keep in mind what we're trying to do is think of how we're going to write a letter to summarize things. And it seems like we do have some consensus that there isn't a clear definition of what is meant by usability. So what the letter might just say is exactly that: "There isn't a clear definition. Here are a few alternatives." And what ONC needs to do, perhaps with NIST, is to clearly define what is meant, if that would facilitate the discussion.

Don Rucker – Siemens Medical Solutions – CMO
This is Don Rucker. It may be that the best thing to do, since usability's clearly very hard to define and doesn't sound like we would necessarily come to a conclusion, is to somehow just do something to empower the users to put out there what they think of systems. And I think there are things short of publishing screenshots. It might be as little as a provision that—some kind of a—hold harmless in making a public comment or something like that might be a way to sort of have transparency, have accountability, and just sort of let the law of averages really provide the information about usability rather than us sort of, or ONC, trying to put in a specific metric.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Hey, guys, it's Scott again. I've been listening to everybody. Are we looking to define usability as how well a provider uses a system or the system provides the provider with the ability to do their job? I mean, are we getting into a zone where we're now evaluating each system versus the other ones, which say, "Palo Alto loves Epic, and so-and-so's like Epic"? I mean, are we getting into that zone or—it sounds like we're going down that road.

Marc Probst – Intermountain Healthcare – CIO
This is Marc. I hope we're not going down that road.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
[Indiscernible] ballpark figure.

Marc Probst – Intermountain Healthcare – CIO
No [laugh]. I've just been sitting here trying to think of user stories that might go with usability. And there are actions where standards around usability would be helpful. Now, whether it's proper for us to recommend it or even think it's a good idea, I think I'll put that aside, because I don't think I've thought it through well enough. But something like a physician that admits to multiple hospitals and is using multiple EMRs—aren't there certain levels of standards that would be very useful, that would increase the intuitiveness or ability for that physician to use the system in multiple locations, therefore also being safer? There are certain components or things that could happen. I don't know that I know what those standards are, but I can see where there are use cases where having certain levels of standards around usability would be useful, and therefore coming up with some recommendations around that might be helpful.

Joan Ash – Oregon Health & Science University – Associate Professor
Hi, this is Joan. I think that's a good idea, but maybe we could soften it by calling them "basic principles" instead of—standards are hard to define, too. And so, there are some basic principles that could become standard.

Paul Egerman – Software Entrepreneur
This is Paul. I like your use of the concept of "principles" or "the principle" or "concept" or sometimes even just "terminology."

Marc Probst – Intermountain Healthcare – CIO
Yeah, I like it as well, Joan. "Standards" is just a generic word.

Paul Egerman – Software Entrepreneur
Yeah, because "standards" tends to be felt as a very specific thing, like three digits followed by a decimal point. I think we're talking more about just "What does it mean when you see on the screen and it asks for the patient's account number? What is that?" These things can be very confusing sometimes at a very basic level.

Joan Ash – Oregon Health & Science University – Associate Professor
Or just having the patient's name in the upper left corner always would be a basic safety principle, it would seem. But there are a number of those that are fairly intuitive.

Marc Probst – Intermountain Healthcare – CIO
Yeah, I like that, Joan.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Although, Joan, as much as I agree with that as a guiding principle, I sort of feel like we're in the early days of automobiles. And right now, you can sit in the seat of almost any automobile, and with your eyes closed, you could find the steering wheel and the directional and the gear shift lever. But that wasn't the case probably even 20 years ago.

Marc Probst – Intermountain Healthcare – CIO
Larry, were those standards or principles? [Laugh] Honestly, I don't know.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
I don't know either, but I sort of feel that in some ways, there's been a natural evolution and, to overuse our car analogy, that we've arrived at certain things. And so, I think the principle that says the patient's name should always be visible is great. Always in the upper left? I don't know.

Joan Ash – Oregon Health & Science University – Associate Professor
Right, and actually that's almost too narrow to be a principle. The principle might be consistency in something that basic.

Don Rucker – Siemens Medical Solutions – CMO
Not to immediately go on with a counterexample, but even there are things like if you get an imaging study on the screen, so you're in a packed screen. All of a sudden, that kind of heather flavor may radically change. Some of it may even be driven by DICOM.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, and based on your context, what's actually important at that moment may vary.

Paul Egerman – Software Entrepreneur
But at this stage, you know, we're not trying to necessarily produce solutions. We're almost saying, "Here's a list of questions that would be worth investigating." So it might be we're saying, "Well, this might be a question to discuss, as are the principles." There are common principles that would help in some of these interoperability problems.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
And I think you could use the example of always having the patient's name visible—name and birth date, by the way, not just name. Again, that's a good example of something that is a patient safety issue; it's a usability issue. But I don't think it matters what the font is; I don't think it matters whether it's in the left-hand corner or the right-hand corner. But the basic idea of having the patient's name and birth date always visible seems to me to be a very good idea.

Paul Egerman – Software Entrepreneur
Yeah, I agree, Joe, although we just have to be careful that our job is not to design an EHR system.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Exactly, I agree with you. That's why I said you can use it as an example of the kind of things that people might want to look at. I wouldn't suggest to them that they have to do it.

Marc Probst – Intermountain Healthcare – CIO
We were also given a recommendation during the hearing around a national database of icons. I'm not saying whether that's good or bad, but that's another principle that should potentially be investigated—is, "Does that type of thing make sense?" What do you think about that, Joe? [Indiscernible]

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
I think that it's a good idea to at least give people some standardized icons that they could choose from. On the other hand, we don't even know whether people will be using icons 15 years from now.

Paul Egerman – Software Entrepreneur
That's right; that's true. This is Paul. That was my immediate response when I heard that. I used to be an intern of a group called Massachusetts Software Council. I remember being in a meeting where people talked about the importance of clip art—that we needed to have clip art directories. People don't think that's important anymore. And so it's hard to know whether that icon set's the future. It might be; it might not be.

Marc Probst – Intermountain Healthcare – CIO
Well, yeah, and the principle's still there. I mean, it is good that I can drive around Massachusetts if I'm brain-dead and want to go to Boston and drive [laugh]. But at least I know that that pentagon with a red sign—I know that's a stop sign.

Paul Egerman – Software Entrepreneur
I think that's a hexagon.

Marc Probst – Intermountain Healthcare – CIO
Yeah, whatever it is. [Laugh] However many a "gon" it is, I know what it looks like. [Indiscernible]

Don Rucker – Siemens Medical Solutions – CMO
I mean, it does bring up a potential role for ONC in having potentially some library of icons that people want to select from that. Or maybe more importantly, some of the other things are going to usability, like "What are the top 20 drug interactions?" where I know ONC has spent some energy on the lists I've seen—seem to be very exotic chemo type of agents that wouldn't be given by most general docs or something like a starter set on orders. There are some interesting usability strategies that could be done as part of ONC and certainly no less or more invasive than other things ONC has already done that we could at least throw into the hopper for consideration.

Paul Egerman – Software Entrepreneur
Well, and that's a good comment. I mean, one way ONC could do this issue would be to say, "Well, where are the places where people are frustrated?" And one of the places clearly is with this alert overload, all these false alerts that are being ignored. And sort of, somehow, ONC shined the spotlight on that, trying to encourage creative solutions so that that learning process is more intelligent; it doesn't do the same thing for absolutely every user. That could possibly make a difference.

Don Rucker – Siemens Medical Solutions – CMO
Another area that sort of would be an ONC potential is—I think Joe mentioned the E&M codes. So my understanding is that, I think, out in Cincinnati, whoever the insurers out there—was getting so many electronic records with ginned-up E&M codes, they just merged them. So another ONC thing might be not to redo E&M codes, which I don't think is realistic, but to redo E&M codes in electronic medical records, which is a much more narrow type of activity. That might be something that ONC could think about. So if you're in an EMR and doing your notes there, maybe there the E&M codes could have some different characteristics.

Paul Egerman – Software Entrepreneur
So let me just see if I can summarize some of the thoughts I've heard so far. I mean, one concept I've heard so far is, we've got this letter. And in my opinion, one of the things that should be prominent in a letter is to acknowledge that there's frustration about these systems. Another concept is that there's this ambiguity about the definition of "usability" and a suggestion that ONC and NIST ought to be settling on a single definition to narrow that ambiguity. Another concept, from Joe, is that there's external factors that are affecting this usability and perhaps the source of some of this frustration, like E&M codes or CMS or meaningful use requirements that are having an impact; and that, in terms of the kinds of things ONC might do, would be to consider whether there's some fundamental principles that could be addressed that might be helpful with some of these issues and also to address "Are there some particular areas where there are problems, like alert fatigue and just the way alerts are handled, that"—simply by someone shining a spotlight on it and investigating it for—that could hopefully spur on some innovation to make improvements. Does that sound right, from what we've heard so far?

Joan Ash – Oregon Health & Science University – Associate Professor
I think that's a great summary. And one thing I might add is that someone said during the hearing, "Usability is a community journey." And I really like that way of thinking, because it seems like, if there are these fundamental principles, then all of these different groups need to get in a room and come to a mutual understanding and agreement about what they are. [Pause] Oh dear. [Laugh; multiple voices] Uh-oh.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Joan, this is Larry. And my sense of the silence, at least on my end, is, it's the journey that's not—that's bigger than everyone getting in a room and agreeing.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
I agree. My concern is, we don't even know what cards would look like if, at this early stage, somebody got everybody into a room and made them all agree on what they were going to [indiscernible].

Joan Ash – Oregon Health & Science University – Associate Professor
But isn't that what they're doing with alerts? I mean, there are legal issues that are involved in the over-alerting problem. And so, the ONC is stepping forward and saying, "Well, there's a small number that we've blessed, and therefore the possibility of lawsuits is decreased."

Paul Egerman – Software Entrepreneur
Well, this is Paul. That may not necessarily be the solution. Another solution on the alerts could be what I call a more intelligent system that sort of tell—you could tell if the user's a cardiologist and the cardiologist is ignoring all these different alerts on these cardiac medications. What's wrong, because you're a seasoned expert on those medications? And so you can create some system where you allow the cardiologist to say, "Don't show me these anymore, because I know what I'm doing," and that would be a reasonable thing to do. But you might be sure to show those same alerts if the user were, say, a resident. It's just that you somehow make the system more sensitive to both the environment in which it's being used and also the skill base of the user.

Joan Ash – Oregon Health & Science University – Associate Professor
Well, there are systems that come close to doing that. But what I was getting at was that I think it's a fine thing that the ONC is, as someone said, shining a light on this issue, and so there's a possibility of a solution.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So maybe that's as far as we really need to go—is that we think it's important for ONC to shine a light on this and that a specific area might be alert fatigue and not comment on the solution, because I'm hearing very different things being commented on here, whether it's being sensitivity or whether it's an area of expertise or—you could imagine lots of other ways in which user interfaces are tuned by the commercial world for us that maybe are useful here.

Paul Egerman – Software Entrepreneur
Yeah, because, Larry, the context of this letter is, we're not going to make a specific recommendation. So the concept is to say, "ONC could shine a spotlight on certain areas of usability where there are problems," and the alert fatigue would be one example. And shining a spotlight could mean holding hearings or having some of these sort of scientific kinds of meetings or…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
I asked IOM to go off and spend 6 months researching it—be a lot of things they might do. We also earlier mentioned the connection with safety, and I think that's important to include in the summary as well.

Marc Probst – Intermountain Healthcare – CIO
This is Marc again. Is alert fatigue a little—I don't know if it's too specific or not. It's an old issue, and I'm sure there's reams and reams of information around alert fatigue. And I know we heard it in the hearing, but it seems to me it's one that's kind of been worked through quite a bit.

Paul Egerman – Software Entrepreneur
Are you suffering from alert fatigue fatigue?

Marc Probst – Intermountain Healthcare – CIO
Maybe [laugh]. That's funny.

Don Rucker – Siemens Medical Solutions – CMO
Yeah, it's Don. I think, from a practical point of view, that sort of the E&M code or maybe even some of the new sort of considerations of quality measures are probably more current. The documentation around those is probably a bit more of a current issue that we could recommend be a consideration in future policymaking.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I think that there's usability implications for almost all of the requirements that are being discussed, whether it's starting with the demographics—we're going to have a richer set of demographics, so if there's 400 ethnic groups to choose from, how do you present that in a useful way so one actually can pick the group that they're closest to.

Marc Probst – Intermountain Healthcare – CIO
So Larry, that's a really interesting point—would be to go through requirement by requirement and try and identify what the usability issues, or at least some of the major usability issues, might be by requirement. And that's a finite set of issues that are coming out of the policy committee.

Paul Egerman – Software Entrepreneur
Well, it would be something that you could certainly put in your letter. One alternative would be for both ONC and CMS, when they come up with new requirements, to consider the impact on usability and specifically on data gathering of what is their requirement. And maybe even in the context of—you've got these NPRMs; I don't quite understand all the administrative law aspects of it, but when they do the rules, there's a section in NPRM where they're supposed to do a cost analysis. To suggest that that should be part of the cost analysis is what it takes to not only change the system for data entry when you do one of these things, but also to train the users in how to do whatever the change is and also whatever time it takes to enter the data.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
[Indiscernible] I think on the demographics example, because to me, usability of the systems—one of the issues is "How many options is the user asked to choose among?" And if it's two, three, four, five, six, it's maybe one behavior; if it's between six and a dozen or a dozen and a half, it's another behavior; and if it's a list of 400, it's a completely different problem. And I think of the demographics example as one and the smoking status as one where, in the past, there's a pretty short list, and now we're giving people a very long list. And the whole style of interaction with the system is going to change.

Paul Egerman – Software Entrepreneur
This is Paul. There's also an interesting issue—and I guess it goes back to the definition of "usability"—which is sort of like "Who's the user?" versus "Who is the real customer?", because sometimes the user wants to do things that are most efficient for them in terms of their own workflow. But if the real purchaser or customer for the system is the CEO or the CFO or the CIO, they might have a different motivation. Their motivation might be "Well, it's OK to [indiscernible] X amount of time to do this work, because I need this data for something else."

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I think that tends to—in good ways, when organizations address that, they create tradeoffs for the user. I'm asking you to spend more time here, but you get something for that time. And I think that gets back to this whole fundamental discussion on what is usability. Is it some overall part of my work process and not just the individual elements of it?

So I sort of feel like we have a basic outline here. It might get tricky trying to write the paragraphs to go with the bullet items, but let me run back the major points I've got from folks. The first two sort of go together. There seems to be some general frustration about the usability of systems, but that ties into—there's also a lot of diversity in the definition of what is usability—that there are some external factors we see driving usability, given any of those definitions, and some of that ties in, I think, to how some of these factors are the certification requirements and the meaningful use requirements that have data collection needs and that those show up as changes in screen flow or changes in workflow. We believe that there are probably some fundamental principles that could be defined, although other than some general ones like consistency, it's not clear that we know what those are. Well, there might be some out there who've got some suggestions, including things like some limited set of standard icons at the level of stop signs, so not trying to create 1,000 icons but a very small number that might in fact be useful. We think that there's some value in exploring particular problems, like alert fatigue; that there's a place for general patient safety issues as related to usability—maybe that actually goes earlier in this outline—and maybe

to being or end with some notion that usability is a community journey. We've got many players from regulators to large organizations making purchasing decisions to the direct delivery organizations and the individuals providing care. The vendors are the products of many products. Certainly we've heard that multiplicity of products under a single roof can create problems. There's a whole host of community members who are on this journey together.

Those are sort of the bullets that I've got. And it seems like it wouldn't be too hard to write one or two sentences about each one, and getting much beyond that seems like…

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
When you gave the suggestion, one of the things you said was a limited list of standard icons. I would take the word "standard" out of there and just say "a limited list of icons."

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Ah, good point.

Paul Egerman – Software Entrepreneur
And then, where you picture this letter, Larry, is this—then the PowerPoint presentation in effect becomes an attachment to it?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Yes.

William Munier – AHRQ/HHS – Director CQIPS
Joe, is that because you think it's redundant if it's a limited list? You're saying "standardized" is redundant?

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
I think that the problem with "standard" is that we've already—I mean, I think there was sort of a consensus on the call that we don't want to have standards, and I think that you'll make it confusing if you use the word "standard" in a place where you don't want to have standards. I mean, I think what we suggested was that there ought to be some sort of suggested ideas that people could pick from, but that they wouldn't be the imposition of standards. So I'm worried about using "standard" in one sense rather than another sense, then having people misunderstand which sense it's being used in.

William Munier – AHRQ/HHS – Director CQIPS
Yeah. The reason I ask this is, I have mixed feelings about it. I think, to some extent, standardized icons can be a good thing. The question is whether somebody would do a good job of it or not.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Exactly. That's why having a list that people could choose from would enable people to choose the ones that they thought were good. And then, at some point in the future, if everybody is picking the same ones, then they might become standards.

Paul Egerman – Software Entrepreneur
So [indiscernible] "standards" is commonly used. It's not really best practices, but it's commonly used for something like that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So I guess what's coming to mind are things like—there's some general kind of printer icon that shows up in many applications if you want to print the thing you're looking at. It's not exactly the same printer in every case, but it looks kind of the same, and it doesn't have to say "Print" on it, and [indiscernible].

William Munier – AHRQ/HHS – Director CQIPS
Well, there's actually a very similar situation in the world of icons and computers and the fact, before Microsoft—and admittedly, they got there the wrong way by basically breaking antitrust laws; but before

Microsoft dominated everything, there were a million different icons for the same thing, and it was kind of a mess. And when Microsoft standardized everything, it made it a lot simpler without getting into the ethics of it.

Paul Egerman – Software Entrepreneur
And we're on a public call, so I don't think that we really meant to say that Microsoft is breaking antitrust laws, but they did play a significant role in developing standards.

William Munier – AHRQ/HHS – Director CQIPS
Oh, no. Well, they were found guilty in court, so I don't think that—that's like a convicted felon. We're not being controversial there, I don't think.

But another example is the color coding of wristbands in hospitals. One hospital would have the same color for the diametrically opposed thing. John Clark talks about this example where they worked on a resuscitated patient that should have been—because the armband they had on him meant different things, and the house doctor that was responding spent most of his time in a different hospital. And they ultimately ended up standardizing the color codes in Pennsylvania; it spread to the U.S., and it's now an international code. And it's a real patient safety issue, so…

Anyway, there's two sides to every coin. If somebody standardizes them and does a bad job, then we're all worse off or—so I don't—just an observation.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I think we're pointing out the good news and the bad news here. So you think it's worth actually putting that in as an example of something that seems to have started out pretty well but, along the way, had some real problems?

William Munier – AHRQ/HHS – Director CQIPS
I don't know. I thought it was illustrative. I don't know whether it fits here or not. I'll leave that to you all.

Joan Ash – Oregon Health & Science University – Associate Professor
Well, we could give any number of examples of consistency for safety's sake.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Maybe that's a principle. And maybe we don't need to sort of drive that into particulars based on what we know at this point.

William Munier – AHRQ/HHS – Director CQIPS
Now, maybe key functions that are thought to be directly related to patient safety or should be standardized or something, if there are such things. Do you have any thoughts on that, Joe?

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
No. [Laugh]

Don Rucker – Siemens Medical Solutions – CMO
One example of that would be that Tall Man notation for drugs. Yes, that's sort of a self-contained example.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
I don't know that notation. Or do I know it by another name?

Don Rucker – Siemens Medical Solutions – CMO
I think you'd recognize it. It's basically the syllables that are in caps for drugs that are similar.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Oh, Tall Man. I've got it.

Don Rucker – Siemens Medical Solutions – CMO
Yeah. I'm sorry.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Got it. I was hearing someone's name, not like tall letters.

Don Rucker – Siemens Medical Solutions – CMO
Sorry.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Got it. This is the pronunciation guide, embedding the stress pattern in the capitalization.

Paul Egerman – Software Entrepreneur
But that's interesting. I'm thinking about what was just said. That could be an example of consistency in the principle that would enhance usability. And there might be others that are related to what I call terminology.

William Munier – AHRQ/HHS – Director CQIPS
And you'd want to stick to key things, because—just a few.

Paul Egerman – Software Entrepreneur
As I'm thinking about this summary that Larry put forward, one of the things that we haven't discussed—and I don't know whether or not it should be in our letter—is "What about the role of leadership in training and employee development?" Is that an area we want to make any comments on? Is that an important aspect of this situation?

Don Rucker – Siemens Medical Solutions – CMO
Well, there is the Regional Extension Center Program, so there's a fairly large investment in that out there.

Paul Egerman – Software Entrepreneur
My impression is that many large organizations do very little with continuous training of their employees on these systems. And if you're a physician and you join a large organization, you might get, if you're lucky, an hour or 2, 3, 4 hours of training on every single system that you have to use, and then you're just set loose.

Don Rucker – Siemens Medical Solutions – CMO
Well, I think that the story of training is pretty consistent, at least for docs, which is that they learn—I think every vendor has seen this: They learn almost nothing in the classroom; they forget it. And basically all of the successful training is pretty much done on a just-on-time basis on the units. And so typically, when people are rolling out stuff like CPOE or new big systems, they're doing with embedded super users. For the nurses, I think it might be a little bit different; but for docs, I believe every vendor will tell you, on the inpatient side, that is the center point of their experience.

Paul Egerman – Software Entrepreneur
Well, yeah, my question is, "In the letter, should we be saying anything about training or leadership, or is that not appropriate for this letter?"

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I think I hear that in actually two different comments about training. One is, the extent to which the systems are not easy to use, you do need a lot of training to keep them safe and effective. There's sort of the notion of some kind of—

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
An inverse relationship between training and usability.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
[Laugh] Yes.

Unidentified Man
I think that's true.

William Munier – AHRQ/HHS – Director CQIPS
Now the worst [indiscernible] training, I mean.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Exactly.

Joan Ash – Oregon Health & Science University – Associate Professor
In a way, that's not so true, because all the systems are constantly changing. And so, even the good systems, people still have to be continuously trained to learn what's new.

Unidentified Man
Yeah, but the more intuitive they are, the less training you need.

Joan Ash – Oregon Health & Science University – Associate Professor
But you still need to be updated. But anyway, I think it's a really important aspect of usability: that it's not just the system itself; it's how the human interacts with the system.

Paul Egerman – Software Entrepreneur
And the reason why I bring it up is, it seems like the broadest definition of usability relates to user satisfaction with the system as they're doing their work process. And if it really is how satisfied the user with the computer system in the work process, to me there is both a training and a leadership component, and that's important. Somebody's got to explain to the user, "Well, the reason why you have to do this is because of the new E&M codes," for example. "That's why we're asking you to answer these questions."

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Hey, Paul, it's Scott. That's a great topic. I don't know how it shifts in gear, but some of the research I've read, talking about organizational culture and how quickly an organization adapts to an EMR, even change or just an upgrade—I'm not sure how we could make a recommendation to it, but I will say it's probably one of those paths to analyze—that if the organization is totally committed—or, as you called it, leadership—I would suspect from the research I've read that usability increases. I'm not sure how we would phrase that in terms of making a recommendation or even a comment to it, but I think it has some place in this conversation.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I guess I'm hearing three pieces: I'm hearing leadership, training, and design. And I'm using "design" really broadly to cover all of the product issues, all the implementation decisions, all the workflow issues—that those three sort of have to come together. And I guess I'm using "leadership" really broadly, so it could be the leadership of explaining that this is important for us to get paid. So yes, there's an extra step, but it picks up enough detail to get the coding right. The leadership here is "We've implemented some protocols for managing acute MIs. And here's the data guide. The guys who call protocol have these results, and the guys who are not using the protocol have those results. We don't need to say which docs are which. You know who you are." But just bringing that data forward could represent leadership and changing user behavior. And is it enhanced usability because I'm using the system to better manage my MIs, or is it the screen flow that's important there? [Pause] So I've given everybody an MI. You're welcome.

Paul Egerman – Software Entrepreneur
But I mean, I'm the one who suggested it. This is Paul. I'm the one who suggested it, so I like what you just said Larry. But the reason I'm not saying anything is, I want to see if anyone else thinks it's worth putting in our letter. The way I look at it is, you look at some vendor systems—seems like one health care

organization loves that system; another organization, the users don't love it. Well, if it's the same system, you could say, "Well, maybe their workflows are different," but maybe there's a component of leadership at each health care organization that causes a different outcome.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, I think leadership's important to have in the equation, because some days, I sort of feel like if the vendors get certification right, the job is done.

Paul Egerman – Software Entrepreneur
Well, that's right. I mean, even the very issue of "The user's unhappy"—if they feel their IT department is listening to why they're unhappy, they're less than happy, right? I mean, [laugh] they need to feel that somebody's listening and trying to understand what's going wrong, right?

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
You know, Paul, that's not true, because the greatest complaint I get from those who are actually on the ground level using it is "Nobody's listening to us, and we didn't receive enough training, and it's not working, and it's putting us in jeopardy." Those are all organizational/cultural issues, and as you called it [indiscernible] that leadership—just what kind of comments shall we make to it other than "Your organization should create an atmosphere of maximization of the product"? I'm not sure that we—I mean, I'm trying to think of it, but I like the thought; I just don't know how to put it into terms. I mean, you have a recommendation, Paul?

Paul Egerman – Software Entrepreneur
I don't. It's just that I don't think that it's reasonable to expect an EHR system is completely intuitive—that physicians and nurses can simply sit down at a screen and start using it. I just don't think it works that way. I think there's a ton of work to implement them and another ton of work to keep implementation going well.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
I don't think there's any question about that. Here's the thought on how to work it in: You could say that when we're talking about trying to define "usability," one of the things that we could observe is that while there are certain aspects of it sort of like pornography—you know the famous thing about the Supreme Court judge: "I don't know how to define it, but I know when I see it." Usability's a little bit like that, but it's very subjective. And if you can have two organizations that take on the same record and are very similar, and yet they have very different leadership, and one physician, for instance, who's very well respected and is kind of geeky really gets deeply involved with it—figures out workarounds through things that are particularly poorly done, and it works up enthusiasm, gets other physicians on board, etc., etc., you can end up having a very substantially different outcome of the same product. And the perceived usability might be very different in those two environments, even with the same tool.

So I think there are a lot of variables involved with electronic records. I mean, really, we're in the Wild, Wild West early days of electronic records. None of them are really, really good, and all of them have problems, and the problems are different. So I think that some kind of comment about recognizing that and recognizing the difficulty in making this judgment yet the inherent value of having things that are intuitive, simple to use, where the functions lead to doing the things that you want to do when you try to do them as simply as possible, maybe only can be defined with respect to specific functionality, but it's an important concept. And judging it is going to be very difficult because of all these subjective factors.

Joan Ash – Oregon Health & Science University – Associate Professor
So the bottom line is, you can take the same system and implement it in three different places, like the three pediatrics hospitals where it was implemented in one, and there was an increase in mortality; as a result of CPOE, the same system was implemented someplace else, and there was no increase in mortality; and then a couple of years later, a paper was published that said there was a decrease in mortality—same system being used in a different hospital.

Paul Egerman – Software Entrepreneur
Yes, and Joan, this is Paul, and I'm not saying that difference is solely the result of leadership and training. I'm saying that that's one of the components as to why one could have that.

Joan Ash – Oregon Health & Science University – Associate Professor
Exactly.

Paul Egerman – Software Entrepreneur
And it's one of the components. It's wrong to blame it 100% on that.

Don Rucker – Siemens Medical Solutions – CMO
Exactly.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Well, and I think that leadership then flows into a work process and organizational aspects beyond just the visible parts of leadership. So the whole way the organization functions…

Paul Egerman – Software Entrepreneur
I agree with that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So I think I've got enough here to draft something. I'll volunteer to do that. Let me think out loud what the timeline is. So our next meeting is 2 weeks from tomorrow. Is that right?

Judy Sparrow – Office of the National Coordinator – Executive Director
It must be….

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So assuming that, if I had something circulated—and we have a long weekend, right? Monday's a holiday for most of us? So I'll have something circulated by Tuesday and have some feedback next week, doing this all through email. Does that sound like we'll likely be able to have something we could present back to the committee?

Paul Egerman – Software Entrepreneur
When's our next meeting, Larry?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
I think it's—is it the eighth? Wednesday the eighth?

Paul Egerman – Software Entrepreneur
That's the policy committee.

Judy Sparrow – Office of the National Coordinator – Executive Director
No, that's the policy committee, yeah. I mean, I don't think we have another—

Paul Egerman – Software Entrepreneur
This workgroup doesn't have one.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
That's correct. The workgroup doesn't have one.

Paul Egerman – Software Entrepreneur
So if you and Marc want to submit the letter to the policy committee, what we probably need to do is get the workgroup to agree to the text of it pretty fast [laugh]. I mean, you'd have to get it to us as soon as you could. People have to turn around, and you have to try to see if you can get a final copy by maybe

June 3. I don't know if that would work in your schedule, Judy, so that it can be distributed to policy committee members in advance.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yeah, that would be fine for me.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Five days to submit it to the committee? Come on; we usually get it 24 hours ahead. Stop it already.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
[Laugh] Or at the meeting.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
Yeah, there you go. [Laugh] But if you want to be more—

Unidentified Man
[Indiscernible] straining in leadership, right?

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
We want to be more usable than everybody else [indiscernible].

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So it's something to everybody next Tuesday. Is that cutting the feedback time too tight?

Don Rucker – Siemens Medical Solutions – CMO
That's fine.

Scott White – 1199 SEIU – Assistant Director & Technology Project Director
That should be fine.

Don Rucker – Siemens Medical Solutions – CMO
Yeah, that'll work.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
That's for Tuesday, May 31.
OK, let's move on to our other exciting topic: the success of the certification process. I don't know; have folks had a chance to look at either the blog posting or the attachment that Judy sent with the questions that they're asking?

Joan Ash – Oregon Health & Science University – Associate Professor
I did. I thought they were excellent questions. I'm really anxious to see what the results are.

Don Rucker – Siemens Medical Solutions – CMO
I thought they were good questions also. I can tell you that, from my point of view as a physician and a user, I couldn't manage with most of them.

Paul Egerman – Software Entrepreneur
Does that make them good questions or not good questions?

Don Rucker – Siemens Medical Solutions – CMO
Well, I mean, I think that one of the choices of who you are was your physician-user. I think that most of the questions are about the process of certification, and most of the users are not aware of what the process is.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Right. So in the list of who you are, we're saying if you're an eligible hospital that still needs to get your software certified, you probably have something to say here; but if you're a user who's just accepting a product because a vendor gave it to you or an organization gave it to you, you won't have much to say about these.

Don Rucker – Siemens Medical Solutions – CMO
I would think that, and I'm not even sure, if I were the purchaser, whether I would understand the certification process. I would just know that something was certified in it. But that doesn't mean that we shouldn't send it to those people, because some of them will know a lot about it. I just thought that, as a target audience for that particular questionnaire, I didn't feel like I was the right audience.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So, in fact, that might actually be an exclusion. Put all these answers in a bucket, and we'll see what kind of response we get. This was posted to the Web, right? This is not going to specific organizations.

Joan Ash – Oregon Health & Science University – Associate Professor
That's right; it's posted.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So any thoughts about how we might interact with this other workgroup?

Joan Ash – Oregon Health & Science University – Associate Professor
Will they share the results with us?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yeah, certainly, uh-huh.

Joan Ash – Oregon Health & Science University – Associate Professor
Then that would seem helpful for our group.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Is there anything in terms of looking to coordinate with the more—things you think we should be doing proactively? For example, are there other aspects of the certification process that we think we should be discussing as a committee or as a workgroup?

Don Rucker – Siemens Medical Solutions – CMO
When will we have the results of the survey back? Because, I mean, once you have the results of the survey, I think that might strongly guide some considerations.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So the survey results are due back by June 17.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yeah. Then it'll take a few days for the ONC staff to analyze it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So we'll probably have something in terms of the content of the survey toward the end of June.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
And Judy, am I correct? These are going to be posted as comments on the blog, right?

Judy Sparrow – Office of the National Coordinator – Executive Director
Right, and we also gave them the opportunity to email in. I have to check with the Web people to see how many email comments we've got, but they'll all be put together.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
The ones that are done as comments on the blog will be visible for the world, correct?

Judy Sparrow – Office of the National Coordinator – Executive Director
That's correct, mm-hm.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So I guess my thinking about an example of another area besides what's in the survey is, we're transitioning from a temporary certification process to a permanent one. Is there anything about that transition that we should be looking at?

Don Rucker – Siemens Medical Solutions – CMO
I mean, one area—it's Don again—that I sort of heard from some of my colleagues that might be worth looking at are when folks have a mix of systems, so a hospital would have a blend of systems and multiple components that might include some certified things and some self-certified and the combination certification—that mix of things, I think, potentially raises some issues that might be worth considering. I mean, that's arguably a line item but could be a big line item.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Just to get back to my point earlier, we don't want certification to result in unintended consequences of decreased usability, of diminished usability. I mean, I think that is one way in which the subject of usability is related to the subject of certification.

Don Rucker – Siemens Medical Solutions – CMO
So we would leave that as a recommendation to be assessed in the letter?

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
I don't know, but I doubt that that issue has been raised with anybody involved in certification—the issue of "How does certification affect usability?" I think at least they ought to consider it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So it's really the criteria—it's not the certification process itself as the criteria.

Joe Heyman – Optum InSight – Chair, National Physician Advisory Board
Well, yeah, the criteria for certification, I would agree, yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
So I guess the piece that this doesn't address is, it doesn't address organizational issues relating to, for example, mix of systems. Right, the whole modular piece that was a very big part of this certification process—how well that's working isn't really addressed by this survey.

I'm willing to leave those all as open questions. We've got about 10 minutes left. Is there anything else we need to cover before we open this up for public comment? [Pause] I'm taking that as confirmation we should open up the lines.

Judy Sparrow – Office of the National Coordinator – Executive Director
OK, thanks, Larry. Operator, can you check and see if anybody wishes to make a public comment?

Operator
Yes. If you are on the phone and would like to make a public comment, please press *1 at this time. If you are listening via your computer speakers, you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. [Pause] We do not have any comments at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
OK, thank you. And thank you, Larry and everybody. Good call.

Paul Egerman – Software Entrepreneur
Yeah, good call, Larry and Marc.

Marc Probst – Intermountain Healthcare – CIO
Yeah, great conversation. Thanks, Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Thanks for your contributions. So I've got a homework assignment to get you all a draft by next Tuesday and to get me feedback so I can do hopefully a couple iterations before our meeting so that people have this before they sit in their chairs.

William Munier – AHRQ/HHS – Director CQIPS
Thank you for volunteering.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
You're welcome.

Don Rucker – Siemens Medical Solutions – CMO
Bye, everybody.

Public Comment Received During the Meeting

1. Suggestions for usability terms instead of "standards" - usability principles, guidelines, maxims, paradigms or heuristics. Also, a comment - a standard may define principles, but need not enforce them. http://en.wikipedia.org/wiki/Usability